

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

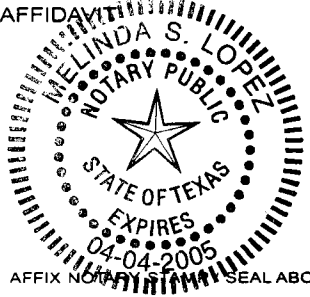
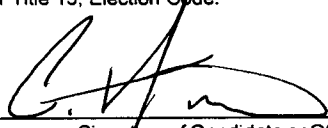
CITY OF SAN ANTONIO
CITY CLERK
FORM C/OH
COVER SHEET PG 1

2004 JUL 15 PM 1:58

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001		2 Total pages filed: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
CHRISTOPHER "CHIP"		HAASS		Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	8715 STARCREST DRIVE #46 SAN ANTONIO, TEXAS 78217					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	()					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
VERONICA		GARCIA		Date Hand-delivered or Date Postmarked		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	206 E. ROSEWOOD #2 SAN ANTONIO, TEXAS 78212					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	()					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	1 / 01 / 04			7 / 15 / 04		
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	OTHER - CITY COUNCIL 10					
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **					
	Name					
	Address / PO Box; Apt. / Suite #; City; State; Zip Code					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME CHRISTOPHER "CHIP" HAASS		16 ACCOUNT # (Ethics Commission files) 00000001	
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,550.00
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$	1,427.37
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	12,127.03
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,000.00
19 AFFIDAVIT			
 <p>AFFIX NOTARY SEAL ABOVE</p>		<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p></p> <p>Signature of Candidate or Officeholder</p>	
<p>Sworn to and subscribed before me, by the said <u>Christopher K. Haass</u>, this the <u>15th</u> day of <u>July</u>, 20<u>04</u>, to certify which, witness my hand and seal of office.</p> <p><u>Melinda S. Lopez</u></p> <p>Signature of officer administering oath</p>		<p><u>Melinda S. Lopez</u></p> <p>Printed name of officer administering oath</p>	
		<p><u>Notary</u></p> <p>Title of officer administering oath</p>	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

CHRISTOPHER "CHIP" HAASS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/24/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

GEORGE EUGENE SIMOR

6 Contributor address; City; State; Zip Code

1617 E. COMMERCE # 6101
SAN ANTONIO, TEXAS 78205

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

R.M. SMITH, ELAINE SMITH

Contributor address; City; State; Zip Code

24915 CEDAR CREEK DRIVE
NEW BRAUNFELS TEXAS 78132

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

NORRIS W. YATES

Contributor address; City; State; Zip Code

2218 KENILWORTH BLVD.
SAN ANTONIO, TEXAS 78209

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

PHILIP M SALEMI, BARBARA L. SALEMI

Contributor address; City; State; Zip Code

126 WYNDALE
SAN ANTONIO, TEXAS 78209

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

LEON EWING

Contributor address; City; State; Zip Code

16730 HENDERSON PASS
SAN ANTONIO, TEXAS 78232

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CHRISTOPHER "CHIP" HAASS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/24/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

MICHAEL F. THUSS, PATRICIA L. THUSS

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

15230 MOONLIT GROVE
SAN ANTONIO, TEXAS 78247

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

DOUGLAS C. BEACH

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

217 ALAMO PLAZA, SUITE 300
SAN ANTONIO, TEXAS 78205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

MIN-CHOW HEW, WAN-YU ELISA CHAN

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

613 CONTADORA
SAN ANTONIO, TEXAS 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

LOEFFLER JONAS E. TUGGEY LLP

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

755 E. MULBERRY, SUITE 200
SAN ANTONIO, TEXAS 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

SAN ANTONIO FIREFIGHTERS PAC.

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8925 W. IH-10
SAN ANTONIO, TEXAS 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 9

2 FILER NAME

CHRISTOPHER "CHIP" HAASS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/24/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

SAN ANTONIO POLICE OFFICERS ASSOCIATION

6 Contributor address; City; State; Zip Code

1939 N.E. LOOP 410 # 230

SAN ANTONIO, TEXAS 78217

P.A.C.

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

MURRAY H. VAN EMAN

Contributor address; City; State; Zip Code

3103 STONEY LEAF

SAN ANTONIO, TEXAS 78247

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

BUDDY F. FORD

Contributor address; City; State; Zip Code

825 E. LOCUST STREET

SAN ANTONIO, TEXAS 78212

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

RUDOLPH H. BRUHNS

Contributor address; City; State; Zip Code

3726 N. BRAESWOOD BLVD.

HOUSTON, TEXAS 77025

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

DEBRA ANN GUERRERO

Contributor address; City; State; Zip Code

3915 SKYLARK AVE.

SAN ANTONIO, TEXAS 78210

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CHRISTOPHER "CHIP" HAASS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/21/04

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

DANIEL B. MARKSON

6 Contributor address; City; State; Zip Code

2421 LAKE PANCOAST DRIVE, APT 4-C
MIAMI BEACH, FLORIDA 33140

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/7/04

Full name of contributor

☐ out-of-state PAC (ID# _____)

LANDRY'S RESTAURANTS, PAC

Contributor address; City; State; Zip Code

1510 WEST LOOP SOUTH
HOUSTON, TEXAS 77027

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/26/04

Full name of contributor

☐ out-of-state PAC (ID# _____)

SAM DAWSON, LAURA DAWSON

Contributor address; City; State; Zip Code

129 TURNBERRY WAY
SAN ANTONIO, TEXAS 78230

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/28/04

Full name of contributor

☐ out-of-state PAC (ID# _____)

EDWARD RIOJAS, JR., AURORA RIOJAS

Contributor address; City; State; Zip Code

11815 TARRAGON COVE
SAN ANTONIO, TEXAS 78213

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/25/04

Full name of contributor

☐ out-of-state PAC (ID# _____)

GSABA - SABPAC POLITICAL CONTRIBUTIONS

Contributor address; City; State; Zip Code

8925 IH-10 WEST
SAN ANTONIO, TEXAS 78230

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CHRISTOPHER "CHIP" HAASS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/19/04

5 Full name of contributor

☐ out-of-state PAC (ID#:

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

6 Contributor address; City; State; Zip Code

P.O. Box 17428

AUSTIN, TEXAS 78760

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/21/04

Full name of contributor

☐ out-of-state PAC (ID#:

CLIFTON F. DOUGLASS III, BETH W. DOUGLASS

Contributor address; City; State; Zip Code

606 GARRATY ROAD

SAN ANTONIO, TEXAS 78209

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/1/04

Full name of contributor

☐ out-of-state PAC (ID#:

STEVE ZAUF

Contributor address; City; State; Zip Code

425 SOLEDAD, SUITE 600

SAN ANTONIO, TEXAS 78205

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/25/04

Full name of contributor

☐ out-of-state PAC (ID#:

MARTY BARTLETT, MARTHA BARTLETT

Contributor address; City; State; Zip Code

10714 LAKE PATH

SAN ANTONIO, TEXAS 78217

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/2/04

Full name of contributor

☐ out-of-state PAC (ID#:

FULBRIGHT & JAWORSKI L.L.P. TEXAS

Contributor address; City; State; Zip Code

1301 MCKINNEY, SUITE 5100

HOUSTON, TEXAS 77010

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CHRISTOPHER "CHIP" HAASS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/29/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

EDITH S. McALLISTER

6 Contributor address; City; State; Zip Code

203 TERRELL ROAD
SAN ANTONIO, TEXAS 78209

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

LAN - PAC

Contributor address; City; State; Zip Code

2925 BRIARPARK DRIVE
HOUSTON, TEXAS

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/15/04

Full name of contributor

☐ out-of-state PAC (ID#)

JONI OR GARY W. RABA

Contributor address; City; State; Zip Code

2815 LOW OAK STREET
SAN ANTONIO, TEXAS 78232

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/21/04

Full name of contributor

☐ out-of-state PAC (ID#)

USAA POLITICAL ACTION COMMITTEE

Contributor address; City; State; Zip Code

USAA BUILDING OP-1-E
SAN ANTONIO, TEXAS 78288

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

SILLO RESTAURANT

Contributor address; City; State; Zip Code

1133 AUSTIN HIGHWAY
SAN ANTONIO, TEXAS 78209

Amount of contribution (\$)

In-kind contribution description (if applicable)

FACILITY
RENT 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)

1/8/04

N.E.I.S.D. SPIRIT BOOSTER CLUB

250.00

6 Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)

FUNDRAISER

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

5/17/04

PAPERCHASE

401.53

Payee address; City; State; Zip Code

225 E. HOUSTON STREET
SAN ANTONIO, TEXAS 78205

Purpose of payment (See instructions regarding type of information required.)

PRINTING

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

6/23/04

BLUE CLOVER

590.84

Payee address; City; State; Zip Code

454 SOLEDAD, SUITE 201
SAN ANTONIO, TEXAS 78205

Purpose of payment (See instructions regarding type of information required.)

INVITATION AND DESIGN

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

7/14/04

AFL-CIO

185.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

ADVERTISEMENT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED